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HIV/AIDS Issues in Alberta: The 1994 Survey of Adults

Prepared for:

**Provincial AIDS Program
Alberta Health**

Prepared by:

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Social Science Consulting**

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Alberta
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1. Survey Highlights

The Study

- The 1994 HIV/AIDS Issues in Alberta Survey is the fourth in a series of studies funded by the Provincial AIDS Program, Alberta Health. The previous surveys were done in 1993, 1992 and 1990.
- For the 1994 study, a random sample of 1259 respondents representing the general population of adult Albertans was interviewed by telephone. The sample was selected by random digit dialling.

Public Understanding of HIV/AIDS

- In 1994, about one in every six adult Albertans had personally known someone with HIV/AIDS compared to less than one person in ten in 1990.
- Two out of every three adult Albertans knew that it is definitely true that a person can be infected with the AIDS virus and not look sick. Responses to this question were unchanged from 1992.

Testing for HIV

- Twenty percent (20%) of the 1994 respondents had been tested for HIV, up significantly from 14% in 1992. Twelve (12%) percent of the 1994 respondents expected to be tested in the next twelve months, up marginally from 10% in 1990.

Perceptions of Own Risk

- Although the public appeared to perceive that their chances of getting HIV had risen somewhat since 1990, almost half (45%) felt that they had no chance of getting the AIDS virus while an equal number felt their chances were low. Less than one in ten felt that their chances were medium. Very few perceived that their chances of getting HIV were high.
- Respondents in 1994 were less likely than respondents in 1992 to mention sexual behaviour as a reason for their risk status, and were more likely to mention lifestyle and chance as reasons for their perceived risk.
Perceptions of risk factors may be shifting from a focus predominantly on sexual behaviours to a wide range of personal and random risk factors.
- For those respondents in 1994 who felt that their chances of getting the AIDS virus were medium or high, the reasons for their perceived level of risk included: high risk lifestyles, high risk work, medical treatment, and a perception that AIDS is a disease that one can get by "chance."
- For those respondents in 1994 who felt that their chances of getting the AIDS virus were negligible or low, the reasons given included: low risk behaviours (such as mutually monogamous relationships), low risk lifestyles and a perception that the odds of getting HIV/AIDS by chance are small.

Reported Risk Behaviours

- In 1994, as in 1992 and 1990, about one person in every five reported having sex with at least one new partner in the last two years. Of these, the majority had only 1 or 2 partners during this period of time and less than 10% had 6 or more partners. Virtually all of these reported relationships were heterosexual. One-third (33%) of those reporting a new sex partner or partners in the last two years said that they always used condoms, up significantly from 15% in 1990. Further, there was a significant reduction in the percentage who said that they never used condoms, from 45% in 1990 down to 19% in 1994. These statistics indicate an increase in reported safer sex behaviour and a lowering of risk. Reasons for not always using condoms primarily emphasized confidence in partner(s) or inconvenience.
- In 1994, 6% of respondents reported having engaged in either intravenous drug use, anal sex, and/or sex with a drug user, since the early 1980s. For persons who have had sex with a new partner or partners in the last two years, 14% had engaged in intravenous drug use, anal sex, and/or sex with a drug user since the early 1980s. Of these, one in six (17%) said that they never used condoms, while 60% said that they used condoms sometimes, and 23% said that they always used them.

Relationships of Risk Behaviour to Testing, Perception of Risk and Condom Usage

- Persons who had sex with a new partner or partners in the last two years and also persons who engaged, since the early 1980s, in intravenous drug use, anal sex, and/or sex with a drug user were more likely to have been tested for the AIDS virus. They were also more likely to report that they expected to be tested in the next twelve months and to perceive that they have a chance of getting the AIDS virus, although most indicate that their chances are low.
- For persons who had sex with a new partner or partners in the last two years, condom usage tended to increase with the number of partners. Indeed, 46% of those persons with four or more sex partners in the past two years said that they always used condoms, while only 8% said that they never used condoms.

2. Description of the Survey

Background

The 1994 HIV/AIDS Issues in Alberta Survey is the fourth study of adult Albertans conducted by the Population Research Laboratory of the Department of Sociology at the University of Alberta for the Provincial AIDS Program, Alberta Health. The previous surveys were done in 1993, 1992 and 1990. The 1994 study repeats questions asked on the 1992 and/or 1990 surveys (see Appendix 1).

Objectives

The first objective of the 1994 survey was to measure the following: public contact with persons with HIV/AIDS, public knowledge about HIV/AIDS, the extent of recent and anticipated testing for HIV, perceptions of risk including respondents' reasons for their perceived level of risk, and risk behaviours including sexual activity, condom usage, and intravenous drug use. The second objective was to compare responses from the 1994 survey with responses to the 1992 and 1990 surveys to assess change in public experience, knowledge, and behaviour regarding HIV/AIDS.

Sample

The relevant population for the 1994 Alberta Survey was all persons 18 years of age and older, residing in Alberta, and accessible by telephone. Separate

samples were selected for Edmonton, Calgary, and the remainder of Alberta. These samples were combined using appropriate weights so as to constitute a representative sample of adult Albertans. The sampling procedure involved two stages. First, households were selected using a random digit dialling procedure. Second, an adult respondent was selected from each household so that an equal number of males and females were interviewed. There was a total of 1259 respondents with a response rate of 73%.

Data Collection

Interviews were conducted by telephone in February, March and April of 1994.

Questionnaire

The Alberta Survey is an amalgam survey covering a variety of topics which change from year to year. Standard socio-demographic data (eg., age, sex, education) are obtained for each survey. The 1994 survey questions dealing with HIV/AIDS issues are attached in Appendix 2.

Profile of Respondents

The quota sampling for males and females produced a balanced sample with respect to gender. Median age was 38. One in five respondents were never married, while almost two in three were currently married or living common-law. The remainder (one in six) were separated, divorced or widowed.

Two in three were currently employed in the paid labour force; 7% were unemployed. Of those who were currently married, almost two in three had a spouse who worked full time. Median number of years of schooling was 13. Regarding religion, 51% were Protestant, 27% were Catholic, 3% were other religions, and 19% claimed no religion. Forty-one percent said that their religious beliefs were strong. Median individual income was \$22,000 - 23,999 while median household income was \$45,000 - 49,999. Two in three owned their residence, while one in three were renters. The sample was compared to the 1993 post-censal estimates for Alberta for age and marital status and found to be adequately representative¹.

Limitations

Questions about HIV/AIDS can be very sensitive. In particular, respondents might be reluctant to answer questions about their sexual behaviours. However, non-response rates were very low. For example, only 0.5% of respondents declined to say whether or not they have had sex with a new partner in the last two years, only 0.4% declined to say how many sex partners they have had in the last two years, and only 0.6% of respondents refused to say whether or not they had injected drugs, had anal sex, or had sex with an intravenous drug user since the early 1980s. Nevertheless, respondents might estimate answers (e.g., questions

¹C. Kinzel, D. Fong, and D. Odynak. The Alberta Survey 1994 Sampling Report. Alberta/Edmonton Series Report No. 81. Population Research Laboratory, Department of Sociology, University of Alberta, 1994.

relating to the past two years) and might misreport answers (e.g., number of sex partners in the past two years, gender of sex partners, use or non-use of condoms, intravenous drug use). Furthermore, there is a possibility that respondents might bias their answers differently depending on the sex of the interviewer (most of the interviewers were female). Finally, while the overall sample size is large and the sampling error is therefore small, for small subsamples (e.g., male respondents admitting to having sex with a new male partner(s) in the past two years) estimates are less reliable.

3. Contact with Persons with HIV/AIDS

Respondents to the 1994 and 1990 surveys were asked "Have you ever personally known anyone with AIDS or the AIDS virus?" Table 1 shows that about one in every six adult Albertans in 1994 has known someone with AIDS or the AIDS virus compared to less than one person in ten in 1990. In other words, the 1994 survey indicates that Albertans are increasingly likely to have had contact with someone with HIV/AIDS.

TABLE 1

Percentage of Respondents Who Have Known Anyone
With AIDS or the AIDS Virus, 1994 and 1990

Known Person With AIDS or AIDS Virus	1994 %	1990 %
Yes	16	9
No	84	91
Total	100	100
(n)	(1255)	(1245)

$\chi^2=26.5$, $df=1$, $p<.001$

4. Can a Person Be Infected and Not Look Sick?

Respondents to the 1994 and 1992 surveys were asked if it was definitely true, probably true, probably false, or definitely false that "a person can be infected with the AIDS virus and not look sick." Table 2 shows that in 1994 two out of every three adult Albertans knew that it is definitely true that a person can be infected with the AIDS virus and not look sick. Another one in three were close to selecting the correct answer -- "definitely true" -- in that they believed that this statement is "probably true." Only three percent believed that the statement is probably or definitely false. This pattern of responses is virtually identical in 1994 and 1992. Only the pattern of don't know/no response has changed, declining from 4.3% in 1992 to 2.4% in 1994.

TABLE 2

Respondents' Assessment of the Statement
 "A Person Can Be Infected with the AIDS Virus and Not Look Sick,"
 1994 and 1992

Assessment	1994 %	1992 %
Definitely true	66	66
Probably true	31	31
Probably false	2	2
Definitely false	1	1
Total	100	100
(n)	(1229)	(1222)

$$\chi^2=0.85, df=3, p>.05$$

5. Testing for HIV

Respondents in 1994 and 1992 were asked if they had ever been tested for infection with the AIDS virus. In addition, respondents in 1994 and 1990 were asked if they expected to have a blood test for infection with the AIDS virus in the next twelve months. While it is possible that some persons have been or will be tested for HIV in the course of donating blood, this question does not differentiate between persons tested for personal reasons and persons tested because of blood donation.

In 1990, ten of the persons interviewed said that they had never heard of the test for infection with the AIDS virus, whereas in 1994 only two persons had not heard of HIV testing. Table 3 shows that 20% of the 1994 respondents had been tested, up significantly from 14% in 1992. Furthermore, Table 3 shows that 12% of the 1994 respondents expected to be tested in the next twelve months, up marginally from 10% in 1990.

TABLE 3

Percentage of Respondents Who Had Ever Had a Test
for Infection with the AIDS Virus, 1994 and 1992, and
Percentage Who Expect to Have a Test in the
Next Twelve Months, 1994 and 1990

	1994 %	1992 %	1990 %
Ever had a test for infection with the AIDS virus?			
Yes	20	14	-
No	80	86	-
Total	100	100	
(n)	(1242)	(1254)	
$\chi^2=19.1$, $df=1$, $p<.001$			
Expect to have a blood test for infection with the AIDS virus in next twelve months?			
Yes	12	-	10
No	88	-	90
Total	100		100
(n)	(1217)		(1202)
$\chi^2=3.4$, $df=1$, $p=.07$			

6. Perceptions of Risk: Chances of Getting the AIDS Virus

Respondents in 1994, 1992 and 1990 were asked "What do you think your chances are of getting the AIDS virus? Do you think they are: high, medium, low, or none?" Respondents in 1994 and 1992 were then asked "Why do you think that?" and up to two responses were recorded. Table 4 shows respondents' perceptions of their chances of getting the AIDS virus. The pattern of responses from 1990 to 1992 to 1994 suggests that the public's perceptions of their chances of getting the AIDS virus have risen somewhat. That is, fewer respondents in 1994 said that there was no chance of their getting the AIDS virus while more respondents said that their chances were "low" or "medium." Nevertheless, 45% in 1994 felt that they had no chance of getting the AIDS virus and another 45% felt that their chances were low. Very few (2%) felt that they were at high risk, a percentage that has remained constant over the three surveys conducted in 1990, 1992 and 1994.

Table 5 shows the first and second reasons respondents gave in 1994 and 1992 as to why they perceived their chances of getting the AIDS virus to be high, medium, low, or none. Respondents in 1994 were less likely than respondents in 1992 to mention sexual behaviour as a reason for their perceived risk status and were more likely to mention lifestyle and chance as reasons for their perceived risk. These data may indicate that perceptions of risk factors may be shifting from a focus predominantly on sexual behaviours to a more generalized view including a wide range of personal and random risk factors.

TABLE 4

Respondents' Perceptions of Their Chances of Getting the
AIDS Virus, 1994, 1992 and 1990

Perceived Chance of Getting AIDS Virus	1994 %	1992 %	1990 %
High	2	2	2
Medium	9	5	5
Low	45	45	41
None	45	48	52
Total (n)	101 (1250)	100 (1263)	100 (1220)

$\chi^2=30.2$, $df=6$, $p<.001$

Totals may not add to 100 due to rounding

TABLE 5

Reasons¹ Respondents Gave in 1994 and 1992
As to Why Their Chances of Getting the AIDS Virus
Were High, Medium, Low, or None

REASON	First Reason		Second Reason	
	1994 %	1992 %	1994 %	1992 %
Sexual Behaviour	38	58	31	30
One partner / married with one partner	22	35	11	12
Celibate / practice abstinence	6	9	4	2
Not promiscuous	4	7	7	5
Practice safe sex / use condoms	4	2	4	4
Know partners	1	2	3	6
Few partners	1	1	1	0
Heterosexual	1	1	1	1
Lifestyle	37	26	33	33
Low risk lifestyle	18	9	7	5
Aware / careful	5	5	6	5
Don't use drugs / needles	4	3	14	14
No contact with high risk persons	3	3	3	4
Senior	2	3	0	2
High risk lifestyle	2	2	0	1
High risk work	1	1	0	0
Cultural / religious / moral upbringing	1	0	2	2
Low risk work	0	0	1	2
Chance	21	13	28	26
Get it (only) by chance	19	12	27	25
Much unknown / AIDS widespread	2	1	1	1
Medical	2	2	6	9
No blood transfusions	2	1	6	9
Medical / dental treatment / transfusions	1	1	1	0
Other	2	1	1	2
Total²	100	100	99	100
(n)	(1219)	(1237)	(616)	(532)

1. Respondents stated their various reasons for thinking that their chances of getting the AIDS virus were high, medium, low or none. A content analysis of these responses grouped similar comments together and identified the various categories of response as indicated.
2. Percentages do not always add to 100 or to subtotals due to rounding.

Tables 6 and 7 show the crosstabulation of the first and second reasons why respondents in 1994 felt that their chances of getting the AIDS virus were high/medium/low/none with their perceived level of risk. While very few respondents perceived themselves to have a high chance of getting the AIDS virus, their reasons for feeling at risk included high risk lifestyles, high risk work, medical treatment, and a general feeling of being at risk because of a perception that AIDS is widespread and much is unknown about the disease.

There were also relatively few respondents who felt that their chances of getting AIDS were moderate. The majority of those who felt they were at medium risk cited the threat of a disease which is widespread, about which much is unknown, and which one can get "by chance." Other reasons given included high risk lifestyles, high risk work, and medical treatment.

Most respondents felt that their chances of getting the AIDS virus were low or negligible. The reasons given for the perception of not being likely to get the AIDS virus included low risk sexual behaviours (such as mutually monogamous relationships), low risk lifestyles, and a perception that one might get it only "by chance." Interestingly, while some feel that the chance factor increases their risk, most cite chance as a reason for low risk apparently feeling that the odds of getting HIV/AIDS by chance are small.

TABLE 6

First Reasons Respondents Gave in 1994
As to Why Their Chances of Getting the AIDS Virus
Were High, Medium, Low, or None, By Perceived Level of Risk

REASON	Perceived Level of Risk			
	High	Medium	Low	None
Sexual Behavior	0	6	215	244
Married with one partner			48	84
Monogamous / one partner		4	64	67
Not promiscuous		2	22	18
Celibate / practice abstinence			27	46
Few partners			9	7
Practice safe sex / use condoms			31	12
Know partners			10	5
Heterosexual			4	5
Lifestyle	8	27	178	229
Low risk lifestyle			94	126
High risk lifestyle	4	16	0	0
Don't use drugs / needles			29	20
No contact with high risk persons			14	24
Low risk work			2	1
High risk work	4	11	0	0
Aware / careful			27	32
Cultural / religious / moral upbringing			6	9
Senior			6	17
Chance	5	57	130	61
Get it (only) by chance	0	40	130	61
Much unknown / AIDS widespread	5	17	0	0
Medical	1	9	8	12
No blood transfusions	0	0	8	12
Medical / dental treatment / transfusions	1	9	0	0
Other	0	10	10	3
Total	14	109	541	549

TABLE 7

Second Reasons Respondents Gave in 1994
As to Why Their Chances of Getting the AIDS Virus
Were High, Medium, Low, or None, By Perceived Level of Risk

REASON	Perceived Level of Risk			
	High	Medium	Low	None
Sexual Behavior	0	0	94	100
Married with one partner			7	21
Monogamous / one partner			21	19
Not promiscuous			20	22
Celibate / practice abstinence			10	14
Few partners			4	1
Practice safe sex / use condoms			18	8
Know partners			10	10
Heterosexual			4	5
Lifestyle	1	1	97	103
Low risk lifestyle			24	21
High risk lifestyle	1	1	0	0
Don't use drugs / needles			38	46
No contact with high risk persons			7	12
Low risk work			2	5
High risk work			0	0
Aware / careful			23	12
Cultural / religious / moral upbringing			3	7
Senior			0	0
Chance	0	11	80	80
Get it (only) by chance		6	80	80
Much unknown / AIDS widespread		5	0	0
Medical	3	2	14	20
No blood transfusions	0	0	14	20
Medical / dental treatment / transfusions	3	2	0	0
Other	0	2	3	3
Total	4	16	288	306

7. Risk Behaviour: Sexual Activity and Intravenous Drug Use

In all three surveys (1994, 1992, 1990), respondents were asked "In the last two years have you had sex with at least one new partner?" Table 8 shows that in each survey, almost one in five answered yes to this question. Of these, the majority had only one or two partners in total during the last two years and less than 10% had six or more partners. In comparison to females, males were more likely to have had a new partner in the last two years. However, virtually all relationships reported, whether by males or females, were heterosexual. Finally, in 1994, one-third (33%) of those reporting at least one new sex partner in the last two years said that they always used condoms, up significantly from 15% in 1990. Further, there was a significant reduction in the percentage who said that they never used condoms, from 45% in 1990 down to 19% in 1994. These statistics indicate an increase in reported safer sex behaviour and a lowering of risk.

In 1994, respondents were asked if at any time since the early 1980s they had done any of the following: injected drugs, took part in anal sex, and/or had sex with a person who is likely to have previously injected drugs. This same question was asked in 1992 except that it was asked only of persons who had sex with at least one new partner in the last two years. A somewhat different question was asked in 1990. In 1990, all respondents were asked if at any time since 1977 they had done any of the following: injected drugs, received clotting factor concentrates for haemophilia, were male and had anal sex with another man, had

sex for money or drugs, and/or had sex with any person who would have done any of the above.

Table 8 shows that, of those who had sex with a new partner in the last two years, 14% had engaged in drug use, anal sex, and/or sex with drug user, since the early 1980s, up from 11% in 1992. However, this trend was not statistically significant. Among all respondents in 1994, 6% had engaged in these potentially high risk behaviours since the early 1980s, which appears to be up significantly from 3% in 1990, although the questions asked in 1994 and 1990 were not identical.

While not all respondents were asked about their usage of condoms, this question was asked of those respondents who reported at least one new sex partner in the last two years. Consequently, it is possible to determine the extent of condom usage for persons who have had at least one new sex partner in the past two years and who may or may not have injected drugs, had anal sex, and/or had sex with a drug user since the early 1980s. Table 9 shows that, for persons with a new sex partner(s) in the past two years, persons engaging in particularly high risk behaviours appear to be *less* likely to say that they always used a condom than persons who have not engaged in potentially high risk behaviours. However, the number of persons reporting drug use, anal sex, and/or sex with a drug user is small and the observed differences are not statistically significant.

Table 9 also indicates that, for persons who have had one or more new sex partners in the past two years, the more sex partners a person has, the more likely that person is to use condoms either always or sometimes and the less likely that person is to never use condoms. In short, persons with multiple sex partners are more likely to practice safer sex. Finally, Table 9 indicates that having personally known someone with HIV/AIDS is not associated with condom usage, for persons who have had one or more new sex partners in the past two years.

In 1994 and 1992, persons who reported having sex with at least one new partner in the past two years and who reported using condoms never or sometimes were asked "Why didn't you and your partner(s) use a condom (all of the time)?" Up to two responses were recorded, although most gave only one response. The pattern of responses in 1994 was not statistically different from 1992. Table 10 shows that reasons for not always using condoms primarily emphasized confidence in partner or inconvenience. Some responses focused on birth control, overlooking condom usage as a means of preventing exposure to HIV/AIDS.

TABLE 8

Reported Frequencies of Risk Behaviour
(Sexual Activity, Intravenous Drug Use),
for 1994, 1992 and 1990

Risk Behaviour	1994	1992	1990
Had Sex with at least one new partner in the last two years			
Yes	19%	19%	18%
No	<u>81%</u>	<u>81%</u>	<u>82%</u>
(n)	(1252)	(1264)	(1237)
$\chi^2=0.4$, $df=2$, $p>.05$			
If had sex with at least one new partner in the last two years:			
Total number of Partners			
1	28%	25%	43%
2	31%	35%	24%
3	20%	19%	14%
4	7%	6%	7%
5	6%	5%	3%
6+	<u>8%</u>	<u>9%</u>	<u>10%</u>
(n)	(230)	(233)	(215)
$\chi^2=22$, $df=10$, $p<.02$			
If had sex with at least one new partner in the last two years:			
Males			
All partners were female	142	144	
All partners were male	1	2	
Some partners female and some male	<u>1</u>	<u>2</u>	
Total	144	148	

Table 8 continued next page...

Table 8 (continued)

Risk Behaviour	1994	1992	1990
Females			
All partners were male	92	85	
All partners were female	0	1	
Some partners male and some female	<u>1</u>	<u>1</u>	
Total	93	87	
If had sex with at least one new partner in the last two years:			
Condom Usage			
Always	33%	25%	15%
Sometimes	48%	47%	40%
Never	<u>19%</u>	<u>29%</u>	<u>45%</u>
(n)	(235)	(235)	(219)
$\chi^2=43$, df=4, p<.001			
If had sex with at least one new partner in the last two years:			
Injected drugs, had anal sex, and/or had sex with person who likely previously injected drugs, since the early 1980s			
Yes to at least one	14%	11%	
No to all	<u>86%</u>	<u>89%</u>	
(n)	(236)	(235)	
$\chi^2=0.9$, df=1, p>.05			
(Asked of all) Injected drugs, had anal sex, and/or had sex with person who likely previously injected drugs, since the early 1980s ¹			
Yes to at least one	6%		3%
No to all	<u>94%</u>		<u>97%</u>
(n)	(1252)		(1240)
$\chi^2=12.1$, df=1, p<.001			

Percentages may not add up to 100 due to rounding.

¹In 1990, this question also listed clotting factor concentrates for haemophilia, sex for drugs or money, and the reference date was 1977.

TABLE 9

Condom Usage in 1994 for Persons Reporting at Least One New Sex Partner in Past Two Years by: Risk Behaviour Since the 1980s, Number of Sex Partners in Past Two Years, and Personally Knowing Someone with HIV/AIDS

	Condom Usage				
	Always	Sometimes	Never	Total	
	%	%	%	%	(n)
Risk Behaviour Since the Early 1980s					
Yes	23	60	17	100	(32)
No	35	46	19	100	(204)
$\chi^2=2.5$, $df=2$, $p=.28$					
Number of Sex Partners in Past Two Years					
1	29	41	30	100	(65)
2	35	46	19	100	(72)
3	25	62	13	100	(45)
4 or more	46	46	8	100	(49)
$\chi^2=14.5$, $df=6$, $p=.03$					
Personally Known Someone with HIV/AIDS					
Yes	34	46	19	99	(52)
No	33	48	19	100	(184)
$\chi^2=0.1$, $df=2$, $p=.97$					

Percentages may not add to 100 due to rounding.

TABLE 10

Reasons Given in 1994 and 1992 Why Respondents Who Had at Least One New Sex Partner In Last Two Years and Who Used Condoms Sometimes or Never Did Not use A Condom All of the Time

	First Reason		Second Reason	
	1994	1992	1994	1992
	%	%	%	%
Confidence in Partner	40	35	43	34
Know partner / safe partner / been tested	22	27	25	24
Married / long-term relationship	9	6	5	3
Trust / confidence in partner	7	0	5	0
Only involved with one partner (at a time)	3	2	8	7
Inconvenience	32	39	37	55
Not always available	11	10	10	7
Don't like condoms / uncomfortable / inconvenient / interruption / unnatural	9	12	2	21
Didn't think about it / didn't want to / didn't feel like it	6	12	13	14
Unplanned sex / heat of the moment	6	4	10	14
Expensive	0	1	2	0
Birth Control	21	20	7	7
Use other methods of birth control (e.g., the Pill)	11	13	5	7
Didn't see the need to / no risk of pregnancy	8	8	2	0
Want to get pregnant	1	0	0	0
Other	8	6	12	3
Stupidity / ignomace / not smart enough	3	4	2	0
Impaired / drunk	1	0	5	0
Other	4	3	5	3
TOTAL	101	100	99	99
(n)	(148)	(159)	(40)	(29)

Figures do not always add to 100 or to subtotals due to rounding.

Tests of significance were conducted for the major categories (confidence in partner, inconvenience, birth control, and other) for 1994 and 1992. For the first reason given, $\chi^2=1.98$, $df=3$, $p>.05$ and for the second reason given, $\chi^2=2.54$, $df=3$, $p>.05$.

Table 11 shows, for 1994, respondents' experience and plans regarding testing for the AIDS virus as well as perceived chances of becoming infected crosstabulated with the following: sexual experiences of the last two years (new partner or partners); total number of partners in last two years (if at least one new partner); condom usage (if at least one new partner); and risk behaviour since the early 1980s including injecting drugs, anal sex, and at risk partners. The data indicate that persons who have had sex with at least one new partner in the last two years are more likely to have been tested for the AIDS virus and are more likely to report that they expect to be tested in the next twelve months. Furthermore, they are more likely to perceive that they have a chance of getting the AIDS virus, although most indicate that their chance is "low."

For those respondents who have had sex with at least one new partner in the past two years, the more partners they report the more likely they are to have been tested and expect to be tested for the AIDS virus. Furthermore, persons with recent, multiple sex partners are more likely to perceive that they have a chance of getting the AIDS virus, although most indicate that their chance is "low."

While a new sex partner and multiple sex partners are associated with testing for the AIDS virus and with perceived risk of getting the AIDS virus, condom usage is not associated with these variables. That is, for those

Testing for AIDS Virus and Perceived Chances of Getting the AIDS Virus
By: Sex With New Partners in Last Two Years, Total Number of Partners
in Last Two Years, Condom Usage, and Risk Behaviour, for 1994

	Had Sex with New Partner in Last Two Years		If New Partner, Total Number Partners in Last Two Years				If New Partner, Condom Usage			Risk Behaviour	
	Yes	No	1	2	3	4+	Always	Sometimes	Never	Yes	No
	%	%	%	%	%	%	%	%	%	%	%
Ever had Test for AIDS Virus											
Yes	37	16	25	38	44	48	32	43	29	44	19
No	63	84	75	63	56	52	68	57	71	56	81
	$\chi^2=50, df=1$		$\chi^2=7.3, df=3$				$\chi^2=4.1, df=2$			$\chi^2=27, df=1$	
	$p<.0001, n=1237$		$p=.06, n=231$				$p=.13, n=235$			$p<.0001, n=1237$	
Expect to be Tested in Next Twelve Months											
Yes	25	9	21	15	33	38	24	28	20	24	11
No	75	91	79	85	67	62	76	72	80	76	89
	$\chi^2=44, df=1$		$\chi^2=10.6, df=3$				$\chi^2=1.1, df=2$			$\chi^2=9.9, df=1$	
	$p<.0001, n=1211$		$p=.01, n=227$				$p=.58, n=231$			$p<.01, n=1213$	
Chances of Getting AIDS Virus											
High	1	2	0	0	4	3	3	0	2	3	2
Medium	16	7	11	23	14	12	9	20	21	14	9
Low	58	41	44	57	76	64	61	59	50	56	44
None	24	50	44	20	7	20	27	22	27	27	46
	$\chi^2=55, df=3$		$\chi^2=30, df=9$				$\chi^2=8.6, df=6$			$\chi^2=11.6, df=3$	
	$p<.0001, n=1245$		$p<.001, n=232$				$p=.20, n=235$			$p<.01, n=1244$	

respondents who have had sex with at least one new partner in the past two years, condom usage is not associated with having been tested for the AIDS virus, with the expectation of being tested, in the future, or with one's perceived chance of getting the AIDS virus.

Finally, persons who report injecting drugs, and/or having anal sex, and/or having a sex partner who has done either, since the early 1980s, are more likely to have been tested for the AIDS virus, are more likely to report that they expect to be tested in the next twelve months, and are more likely to perceive that they have a chance of getting the AIDS virus, although most indicate that their chance is "low."

8. Conclusion

With the continuing progression of the AIDS epidemic, Albertans are increasingly likely to have known someone with HIV/AIDS. Nevertheless, most Albertans (84%) have not yet personally known anyone who is infected.

Most Albertans (97%) are aware that a person can be infected with the AIDS virus and not look sick. Only a very small minority believe that an infected person will necessarily look sick. This finding provides some assurance that people may be more likely to practice safer sex.

Albertans are aware of the availability of testing for the AIDS virus. Twenty percent (20%) of respondents to the 1994 survey had been tested previously, while 12% expected to be tested in the next twelve months. Given that most Albertans perceive themselves to be either not "at risk" or at low or negligible risk, these figures indicate a willingness to be tested, especially if there is any possibility of having been exposed to HIV/AIDS. Indeed the analysis shows that persons who have new or multiple sex partners or who have injected drugs, had anal sex, or had sex with a drug user are more likely to report having been tested or plan to be tested. Of course, testing "after the fact" or during continuing high risk behaviour does not constitute a prevention strategy. Nevertheless, these findings do indicate a concern about the possibility of exposure and a willingness to determine one's HIV status.

Respondents' reasons for their perceived level of risk suggest that Albertans are less likely than in the past to see this disease as transmitted through risky sexual and drug use behaviours, and are more likely to view this disease as related to general lifestyles and to "chance" factors. That is, there appears to be an increasing perception that one might contract HIV/AIDS even if one is not engaged in high risk behaviours. While the average citizen feels that the chance of getting AIDS is very low, there is perhaps an increasing realization that one might get the infection unexpectedly, without knowingly or voluntarily engaging in high risk behaviour. The average citizen might perceive, for example, that either an unfaithful partner or a medical emergency requiring a blood transfusion (despite the relative safety of the blood supply today) might unexpectedly put a person at increased risk. Nevertheless, it should be stressed that 90% of Albertans in 1994 feel that their chances of getting HIV are low or none. Furthermore, people are generally at risk via specific behaviours rather than chance.

While about 20% of respondents report a new sex partner or partners in the past two years, less than 40% of all respondents report four or more new sexual partners and virtually none report new or multiple homosexual relationships. Further, an increasing majority of those reporting new sexual relationships report using condoms always or sometimes. Indeed, only 17% said they never used condoms, while 60% said that they sometimes used them, and 23% said that they always used them. In addition, condom usage tends to increase with the number of

sex partners. For persons with four or more sex partners in the past two years, 46% said that they always used condoms and only 8% said that they never used them. While it is possible that respondents overreport condom usage given that it has become "socially expected," these data may reflect a real trend toward avoidance of risky sexual behaviours.

Only 6% of respondents reported having engaged, even once since the 1980s, in risk behaviour such as intravenous drug use (which, of course, is safer if clean needles are used), anal sex (which is not necessarily "risky" if a condom is used), or sex with a drug user. In short, either risk behaviours are relatively rare or surveys such as this fail to elicit candid responses or fail to sample those with very high risk. It is possible that respondents underreport homosexuality, anal sex, sexual promiscuity, and intravenous drug use. Even if responses are candid, surveys of the general population are not well-suited to the study of relatively rare behaviours. That is, a survey of the general population will identify only a small number of at risk persons. If the purpose is to study the causes and consequences of relatively rare behaviour, then a survey targeted to "at risk" persons would be more efficient and more effective. However, if the purpose is to identify the prevalence of selected behaviours (whether common or rare), then surveys such as this are most useful.

Finally, the 1994 HIV/AIDS Issues in Alberta Survey reveals that public awareness of HIV/AIDS issues has increased in comparison to 1992 and 1990. The public is also increasingly willing to undergo testing for the possibility of infection with the HIV virus. More importantly, the public is increasingly willing to take precautions such as using condoms with new sex partners.

APPENDIX 1

Questions Asked on the 1994, 1992 and 1990 Surveys

Question	Survey		
	1994	1992	1990
Ever known anyone with HIV/AIDS?	x		x
Is it true that a person can be infected with the AIDS virus and not look sick?	x	x	
Ever had a test for the AIDS virus?	x	x	
Do you expect to be tested for the AIDS virus in the next twelve months?	x		x
What are your chances of getting the AIDS virus?	x	x	x
Why (reason number 1)?	x	x	
Why (reason number 2)?	x	x	
Have you had sex with a new partner in the last two years?	x	x	x
Total number of partners in the last two years?	x	x	x
What is (your sex and) the sex of your partner(s)?	x	x	
Did you use a condom (always, never, sometimes)?	x	x	x
Why not always (reason number 1)?	x	x	
Why not always (reason number 2)?	x	x	
Have you injected drugs, had anal sex, or had sex with a person who injected drugs, since early 1980s?	x	1	2

1. In 1992, this question was asked only of persons with a new sex partner in the last two years.
2. In 1990, a similar, although not identical, question was asked of all respondents.

APPENDIX 2

The 1994 HIV/AIDS Issues Survey Questions

1. Have you ever personally known anyone with AIDS or the AIDS virus?

yes 1
 no 2
 don't know 8

2. Please tell if you think the following statement is definitely true, probably true, probably false, or definitely false. A person can be infected with the AIDS virus and not look sick. **(REPEAT CATEGORIES)**

definitely true 1
 probably true 2
 probably false 3
 definitely false 4
 don't know **(volunteered)** 8

3. a. Have you ever had a test for infection with the AIDS virus?

yes 1
 no 2
 never heard of the test 3
 don't know 8

- b. Do you expect to have a blood test for infection with the AIDS virus in the next 12 months?

yes 1
 no 2
 don't know 8

4. a. What do you think your chances are of getting the AIDS virus? Do you think they are: **(READ)**

high 1
 medium 2
 low, or 3
 none 4
 don't know **(volunteered)** 8

b. Why do you think that? (**PROBE**)

1. _____

2. _____

5. a. Now we are going to ask you some personal questions and we would appreciate your frank and honest response. Please remember your answers will be kept confidential. In the last two years have you had sex with at least one new partner?

yes 1 (**ASK b**)
 no 2 (**GO TO 9**)
 refused to answer 0 (**GO TO 9**)

b. In total, how many partners have you had in the last two years?

_____ partners

ASK MALES ONLY

6. (*Were all/was*) your partner(s) female or male (*or some female and some male*)?

female 1 (**GO TO 8**)
 male 2 (**GO TO 8**)
 some female and some male . . . 3 (**GO TO 8**)

ASK FEMALES ONLY

7. (*Were all/was*) your partner(s) male or female (*or some female and some male*)?

male 1 (**ASK 8**)
 female 2 (**GO TO 9**)
 some female and some male . . . 3 (**ASK 8**)

ASK MALES AND FEMALES

8. a. Did you and your partner(s) always use a condom, never use a condom, or sometimes use a condom?

always 1 (GO TO 9)
never 2 (ASK b)
sometimes 3 (ASK b)

b. Why didn't you and your partner(s) use a condom (*all of the time*)?

1. _____
2. _____

ASK ALL

9. Now I am going to read a list of statements that might apply to you. Please tell me after I finish with all of the

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